

City of Parma, Ohio

DEAN DEPIERO
MAYOR



Parmatown Mall
7912 Day Drive
Parma, Ohio 44129

MICKEY VITTARDI
PARKS AND RECREATION
DIRECTOR

Phone: 440-885-8144
Fax: 440-885-8068

August 21, 2007

MEN'S, WOMEN'S and COED VOLLEYBALL 2007-2008

Dear Coaches,

The City of Parma is excited to once again offer you an opportunity to participate in an adult volleyball league.

Applications and fees will be accepted at the Parma Recreation Department, Parmatown Mall, 7912 Day Drive, beginning Tuesday, September 4th through Friday, September 21st, between the hours of 8:30a.m. and 4:00p.m. Please read and follow the attached instructions, application and roster forms. There are a limited number of openings in each league. Teams will be accepted on a first come first serve basis.

Deadline for all applications, team rosters and team fees is September 21, 2007.

All matches will be played in the gymnasium at the Constellation School, 5983 West 54th Street, Parma, Ohio. (Formerly Schaaf Community Center) Matches are scheduled for play on Tuesday evening for men and women's leagues, Wednesday evening for coed leagues, beginning at 6:30p.m. and ending at approximately 10:40p.m. The season is tentatively scheduled to begin on Tuesday, October 16th, 2007. Teams will consist of six playing participants. Three games will be played per session.

If your team is accepted a **mandatory** league meeting will be held on **Wednesday, October 10th, 2007 at 6:30p.m. at the Parmatown Mall Conference Center, 7924 Day Drive (Next door to the Recreation Department)** for all team managers or team representatives. At that time, contract cards will be verified and stamped for participants. In addition the \$5.00 fee for each non-resident will also be due.

We sincerely look forward to beginning a new volleyball season. Should you require any further information, please contact the Recreation Office @ 440-885-8144.

Sincerely,


Michael A. Vittardi
Parks & Recreation Director

MAV:jpr

**2007-2008
CITY OF PARMA
ADULT VOLLEYBALL LEAGUE**

STEPS FOR ENTERING MEN'S, WOMEN'S & COED VOLLEYBALL

1. **ENTRANCE FEE:**.....\$195.00
MAKE CHECK PAYABLE TO THE CITY OF PARMA
 2. **FORFEIT FEE:**.....\$ 36.00
MAKE CHECK PAYABLE TO P.A.A.F.
REFUNDABLE FORFEIT FEE OF \$36.00 WILL BE REFUNDED AT THE
CONCLUSION OF THE SEASON PROVIDED THERE ARE NO FORFEITS
 3. **NON-RESIDENT FEE:**.....\$ 5.00
 4. TEAM ROSTERS MUST BE COMPLETED AND RETURNED WITH ENTRANCE
FEE.
 5. TEAM APPLICATION MUST BE COMPLETED AND RETURNED WITH ENTRANCE
FEE.
 6. **REFEREE FEES:**.....\$ 9.00 PER TEAM
 7. CARDS: EACH PLAYER MUST COMPLETE TWO (2) CONTRACT CARDS WITH
PICTURES AND HAVE THESE CARDS VERIFIED AND STAMPED BY THE PARMA
RECREATION DEPARTMENT PRIOR TO PARTICIPATION IN THE PARMA
VOLLEYBALL LEAGUE. NON-RESIDENT FEES ARE DUE UPON VERIFICATION OF
CONTRACT CARDS.
 8. UNIFORMS ARE NOT REQUIRED. PROPER TENNIS SHOES ARE MANDATORY.
 9. **DEADLINE FOR ENTRY FEES WILL BE SEPTEMBER 21, 2007.** ALL ENTRIES
MUST BE RETURNED TO THE PARMA RECREATION DEPARTMENT, PARMATOWN
MALL, 7912 DAY DRIVE, PARMA, OHIO 44129.
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MANAGERS RESPONSIBILITIES

- A. ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL INDEBTEDNESS INCURRED
BY HIS TEAM.
- B. AGREES TO ABIDE BY ALL RULES AND REGULATIONS.
- C. CONTROLS PLAYERS AT ALL TIMES.
- D. FILE CORRECTLY COMPLETED CONTRACT CARDS FOR ALL PLAYERS AND
UPDATE ALL INFORMATION.
- E. BECOME INFORMED OF ALL SCHEDULED AND RESCHEDULED CONTESTS.
- F. INFORM ALL PLAYERS OF RULES AND REGULATIONS.

FOR MORE INFORMATION PLEASE CALL 440-885-8144

**2007-2008
VOLLEYBALL TEAM APPLICATION**

_____ TEAM DO HEREBY APPLY FOR
REPRESENTATIVE MEMBERSHIP IN THE CITY OF PARMA MEN'S/WOMEN'S/COED
(CIRCLE ONE)
VOLLEYBALL LEAGUE AND WILL COMPLY WITH THE RULES AND REGULATIONS OF
SAID LEAGUE, COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE
ACCEPTANCE IN THIS LEAGUE.

MANAGER: _____ HOME PHONE: (____) _____

ADDRESS: _____ WORK PHONE: (____) _____

CITY/ZIP: _____

.....
Did this team compete in an organized league last year? _____

If so, please list what league and team name. _____

If team is a merger of two teams, please list team names. _____

Please designate a division choice. Based on your team skill level, if a choice can be provided, would your team prefer to compete in a competitive division or a recreation division? Please circle one.

COMPETITIVE

RECREATIONAL

.....
I, _____, Manager of the _____
Manager's Signature Team Name

Have fulfilled the requirement for entry in this Parma Adult Volleyball League. I have also received a set of rules and will apprise myself and my team of their content.

.....
THIS SECTION IS FOR OFFICE USE ONLY

1. Entry Fee Paid _____ 2. Contract Cards _____

3. Rule Book _____ 4. Forfeit Refund _____
.....

FORFEIT FEE REFUND FORM

PROVIDED OUR TEAM HAS NOT FORFEITED ANY GAMES, FOR THE 2007-2008
VOLLEYBALL SEASON, PLEASE RETURN THE \$36.00 FORFEIT FEE TO:

NAME: _____

ADDRESS: _____ CITY/ZIP _____

2007-2008 VOLLEYBALL ROSTER

TEAM NAME: _____ LEAGUE: MEN'S WOMEN'S COED
(Please circle one)

MANAGER: _____ HOME PHONE(____) _____

WORK PHONE(____) _____

DATE: _____

THE BELOW LISTED PLAYERS, ALL REQUIRED TO SIGN WHERE INDICATED, ARE ACTIVE MEMBERS OF THE _____ TEAM AND ARE COVERED BY THIS PLAYER AFFIDAVIT. THIS ROSTER WILL BE CHECKED WITH PLAYER CONTRACT CARDS AND ALL ADDRESSES WILL BE VERIFIED. ANY PLAYER NOT LISTED ON THIS ROSTER MUST BE APPROVED TO BE ELIGIBLE TO PARTICIPATE IN THE LEAGUE.

PLAYERS SIGNATURE	ADDRESS	CITY/ZIP	PHONE
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

MANAGER' SIGNATURE

DATE